

MONTANA STATE ELECTRICAL BOARD

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ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the Board has a complete application)

APPLICATION FOR: ☐ JOURNEYMAN ELECTRICIAN ☐ RESIDENTIAL ELECTRICIAN

Method of Application - Please check only one (see instructions for details)

BY: ☐ Apprenticeship Completion ☐ Hours of Experience ☐ 10 Year Statement
(37-68-314 MCA)
☐ Exam ☐ Reciprocity ☐ Endorsement

Fees: 120.00 Application by exam \$125.00 Application by reciprocity or endorsement

☐ \$20.00 Temporary journeyman work permit (fee is in addition to application fee)

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

Please indicate you preferred mailing address

☐ Home
☐ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

1. LICENSURE INFORMATION: All applicants must answer the following questions.

- a. Have you ever applied for or taken a Montana electrical examination? ☐ Yes ☐ No

Type of Exam: _____

- b. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, you will need to complete a "Request for Modification of Electrical Exam" form and submit a letter from your physician detailing what accommodation is needed. Forms are available on our website at www.electrician.mt.gov ☐ Yes ☐ No

- c. List all active state issued electrician licenses granted to you.
Attach a copy of the license.

State or City	License Number	Issue Date	Expiration Date	License Method	Active
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. RECIPROCAL STATES: AK, AR, CO, ID, MN, ND, NE, NH, NM, OR, OK, SD, UT, WA, WY

(Board staff will obtain a license verification from these states. Conditions of reciprocity are that your license is currently active, held at least one year, obtained by exam with and exam score of 75% or greater and do not have any active complaints against your license. You will not need to submit the Experience Verification Affidavit form with your application)

ENDORSEMENT STATES: AL, CT, MA, ME, MI, TX, VA, VT, WV

(You will be responsible for obtaining a license verification from these states. Include the verification with your application. Conditions of endorsement are that your license is currently active, held at least one year, obtained by state exam with and exam score of 75% or greater and do not have any active complaints against your license. You will not need to submit the Experience Verification Affidavit form with your application.)

3. APPRENTICESHIP INFORMATION:

- a. Did you complete an apprenticeship? ☐ Yes ☐ No
If yes, attach apprenticeship completion certificate. (You will not need to submit the Experience Verification Affidavit form with your application.)

- b. Did you complete a union sponsored apprenticeship ☐ Yes ☐ No
If yes, attach union travel letter stating when you completed the apprenticeship. per 37-68-314 MCA. (You will not need to submit the Experience Verification Affidavit form with your application.)

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

	YES	NO
1. Do you intend to practice in the State of Montana?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Plumbers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

Date _____